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FILING DECLARATION
AND POWER OF ATTORNEY

Navy Case 83.099

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **LOST 2 - A POSITIONING SYSTEM FOR UNDER WATER VESSELS**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign applications for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Number	Country	Filing Date	Priority (Yes/No)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Appl. Serial No.	U.S. Filing Date	Status (patented/pending/abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys/and/or agent/s/ to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, and hereby certify that the Government of the United States has the irrevocable right to prosecute this application:

John J. Karasek, Reg. No. 36182 and Chester Jordan, Reg. No. 42,699

SEND CORRESPONDENCE TO:

Associate Counsel (Patents), Code 1008.2
Naval Research Laboratory
Washington, D.C. 20375-5000

DIRECT TELEPHONE CALLS TO:

Chester Jordan
Reg. No. 46,699
(202)404-1552

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF JOINT INVENTOR : RICHARD R. BEDCKMAN

INVENTOR'S SIGNATURE: Richard R. Bedckman

DATE: 18 Jul 02

RESIDENCE: SLIDELL, LA

CITIZENSHIP: USA

POST OFFICE ADDRESS: 116 VILLAGE DRIVE, SLIDELL, LA 70461

FULL NAME OF JOINT INVENTOR : ANDREW B. MARTINEZ

INVENTOR'S SIGNATURE: _____

DATE: _____

RESIDENCE: NEW ORLEANS, LA

CITIZENSHIP: USA

POST OFFICE ADDRESS: 2412 CALHOUN STREET, NEW ORLEANS, LA 70118

FULL NAME OF JOINT INVENTOR : BRIAN S. BOURGEOIS

INVENTOR'S SIGNATURE: _____

DATE: _____

RESIDENCE: SLIDELL, LA

CITIZENSHIP: USA

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John J. Karasz, Reg. No. 36192 and Chester Jordan, Reg. No. 42699

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FULL NAME OF JOINT INVENTOR : RICHARD R. BEDCKMAN

INVENTOR'S SIGNATURE: _____ DATE: _____

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POST OFFICE ADDRESS: 316 VILLAGE DRIVE, SLIDELL, LA 70461

FULL NAME OF JOINT INVENTOR : ANDREW B. MARTINEZ

INVENTOR'S SIGNATURE:  DATE: 7/19/02RESIDENCE: NEW ORLEANS, LA
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POST OFFICE ADDRESS: 2612 CALHOUN STREET, NEW ORLEANS, LA 70118

FULL NAME OF JOINT INVENTOR : BRIAN S. BOURGEOIS

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE: SLIDELL, LA
CITIZENSHIP: USA

POST OFFICE ADDRESS: 128 RUE CHARLEMAGNE, SLIDELL, LA 70461

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INVENTOR'S SIGNATURE: _____ DATE: _____

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